Name In Full

Certificate of Death

Elmer E. Anthony

Died at Frostburg Town | Allegany County | MARYLAND

Date 1899 Month 11 Day 28 | Age Y. 21 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widowed~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Mining Journal 12-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Johnanna Bagley

Certificate of Death

Died at Town Alms House, County Alleg. MARYLAND

Date 189 9 Month Nov Day 23 | Age Y. 70 M. or D. 80 | Native of Ireland | Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife —

Father's Name — Mother's Name

Cause of Death: Primary Paralysis — How long sick 5 mos

Immediate Coma 42 — ~~Accident, Suicide, Homicide~~

Reported by G H Brace

Address Cumb Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Robert H. Bannon

Died at Town Mt. Savage County Allegany MARYLAND

Date 189 9 Month 11 Day | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary appendicitis 95 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Hicorico News 11-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Wm. H. Cook

Certificate of Death

Died at Cumberland (Town) Allegany (County) MARYLAND

Date 1899 Month Nov Day 7 | Age Y. 1 M. 6 D. 4 | Native of Cumberland | Occupation Infant

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name Wm. H. Cook

Mother's Name Mozelle Cook

Cause of Death: Primary Pneumonia — How long sick Several days

Immediate Meningitis 72

~~Accident, Suicide, Homicide~~

Reported by E. T. Duke

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary Cordiat -

Certificate of Death

Died at Town: Cumberland County: Allegany - MARYLAND

Date 1899 Month: Nov Day: 18 | Age Y.: 64 M.: — D.: — | Native of: Cumberland | Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ——

Father's Name: James Cordiat

Mother's Name: Mary Gardner

Cause of Death: Primary: Nephritis 97 8 | How long sick: 3 months

Immediate: Uremic Coma | ~~Accident, Suicide, Homicide~~

Reported by: N. W. Wiley

Address: Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Certificate of Death

Curran

Died at Town Barton County Ally MARYLAND

Date 1899 Month Nov Day 13 Age Y. - M. - D. 8 Native of — Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband of Wife

138 b

Father's Name Hugh Curran Mother's Name Annie McMaster

Cause of Death Primary 7 months with fatty How long sick

Immediate degeneration of placenta Accident, Suicide, Homicide

Reported by Dr. J. L. Conroy

Address Barton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full

Dawson

Certificate of Death

Died at Westernport (Town) Allegany (County) MARYLAND

Date 1899 Month Nov Day 21 | Age Y. 57 M. 6 D. 24 | Native of Md | Occupation Housewife

~~Male~~ Female | White | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

~~Husband~~ Wife of Samuel M Mason

Father's Name Jarret Dawson | Mother's Name Rebecca Dawson

Cause of Death: Primary Hepatic Abscess 92 | How long sick 2 months

Immediate | Accident, Suicide, Homicide

Reported by F. F. Kalbaugh

Address Piedmont W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. Z. T. Kalbaugh

of Piedmont W. Va.

Reported by Coroner _____

of _____

The information contained in this certificate re-

ceived from _____

of _____

John F. Dawson,
Undertaker

Name In Full Mary Hoffman Fier

Certificate of Death

Died at Town Barton County Allegany MARYLAND

Date 1899 Month Nov Day 26 | Age Y. 73 M. 5 D. | Native of Germany | Occupation H. W.

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife Christopher Fier

Father's Name Hoffman | Mother's Name /

Cause of Death: Primery Apoplexy 42 | How long sick 12 hours

Immediate / | ~~Accident, Suicide~~, Homicide

Reported by John F. Lanam Undertaker

Address Barton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70648

Attended by Dr. ←

of

Seen by Coroner ←

of

Information contained in this certificate received

from Henry Fion (Jnr)

of Barton

Name in Full Mildred Gould

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month Nov. Day 26 | Age Y. - M. 6 D. 8 | Native of N. S | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of —
Wife

Father's Name W. D. Gould

Mother's Name Rose S. D. Gould

Cause of Death — Primary Intussusception of the bowels — How long sick 8 d

Immediate Peritonitis — ~~Accident Suicide Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full

Geo. Gray

Certificate of Death

Died at Town Mt. Savage County Allegany MARYLAND

Date 1899 Month Nov. Day 6 | Age Y. 50 M. D. | Native of O | Occupation machinist

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary

Immediate 161

How long sick

Accident, Suicide, Homicide

Reported by The Evening Times 11-16

Address O

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Maggie Hamil

Died at Cumberland Town County Allegany MARYLAND

Date 1899 Month Nov Day 24 | Age Y. 29 M. 7 D. | Native of Maryland | Occupation Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living One

Husband / Wife of George D Hamil

Father's Name Daniel J Moran | Mother's Name Mary Moran

Cause of Death: Primary Phthisis 220 | How long sick 2 years

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by W J Corrigan MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Walter McDonald

Died at Town Barton County Allegany MARYLAND

Date 1899 Month Nov Day 21 | Age Y 2 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living ~~Husband of Wife~~

Father's Name Henry McDonald | Mother's Name Bessie Miller

Cause of Death: Primary Atelectasis — How long sick 140

Immediate —

Accident, Suicide, Homicide

Reported by L. A. Boucher M. D.

Address Barton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

John F. Dawson

Undertaker

Name in Full

Certificate of Death

Mrs. Bridget McFadden

Died at Town: Cumberland County: Allegany MARYLAND

Date 189 9 Month: Nov. Day: 15 | Age Y. 34 M. — D. — | Native of Ireland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Dennis McFadden

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death: Primary Diabetes Mellitus 2 months

Immediate Coma, Exhaustion

~~Accident, Suicide, Homicide~~

Reported by James J. Johnson, M.D.

Address Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full L. R. McKenzie

Certificate of Death

Died at Town Cresaptown County Allegheny MARYLAND

Date 1899 Month 11 Day 6 | Age Y. 62 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Single~~ Married Widow Widower | Divorced | Number of children living several

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Independent 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]R

Name in Full Louis Massey

Certificate of Death

Dled at Town Western Md. Hos. County Allegany MARYLAND

Date 189 9 Month Nov. Day 23 | Age Y. 35 M. 7 D. | Native of Md. | Occupation Fireman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced

Number of children living 2

Husband ~~Wife~~ of Lula H. Harding

Father's Name Joseph Massey

Mother's Name

145 d

Cause of Death { Primary Accident

Immediate Shock

How long sick 3 hours

Accident, Suicide, Homicide

Reported by Dr. Frigg & Miles

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Jno Minthrop

Certificate of Death

Died at Town: Sylvan Retreat, County: Alleg.

MARYLAND

Date 1899 Month: Nov Day: 13

Age Y. M. D.: 50-7-0

Native of: Md

Occupation: Sta. Engineer

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~

Number of children living: 4

Husband / ~~Wife~~ ~~of~~ Elizabeth Paulus

Father's Name: —

Mother's Name: —

Cause of Death: Primary: Apoplexy 42

Immediate: Coma

How long sick

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: C H Brace

Address: Cumbd — Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Louisa A. Pallerson

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 1897 Month 11 Day 6 | Age Y. 74 M. 3 D. — | Native of Cumberland | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of J. L. Pallerson

Father's Name M. Spring

Mother's Name —

Cause of Death: Primary Pneumonia 72 | How long sick 5 days

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by N W Wiley

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Thomas Sanders

Certificate of Death

Died at Town: Alms House County: Allegany MARYLAND

Date 189 Month: Nov Day: 24 Age Y. 49 M. — D. — Native of Md Occupation Barber

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living —

Husband / Wife of —

Father's Name —

Mother's Name

Cause of Death: Primary Syphalis 24 How long sick 2 or 3 yrs

Immediate Coma

Accident, Suicide, Homicide

Reported by Lt Brace

Address Cumb Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66068

Name in Full Elizabeth Street

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 9 Month Nov Day 20 Age Y. 53 M. D. Native of Maryland Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

~~Husband~~ Wife of James Street

Father's Name — Mother's Name 42

Cause of Death: Primary Cerebral Hemorrhage — How long sick

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by T. B. McDonald MD

Address 145 Baltimore St Cumb Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55268

Name In Full Sarah Belle Stephens — Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month Nov. Day 17 | Age Y. 9 M. 4 D. 9 | Native of U. S. | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of —
Wife —

Father's Name Richard Stephens. Mother's Name Susan Stephens.

Cause of Death — Primary: Typhoid Fever 1 — How long sick: 7 weeks

Immediate: Myocarditis- Ententis — ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79698

Name in Full: Simon Nesler

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: 11 Day: 11 | Age Y. 69 M. D. | Native of America | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Wife~~ Husband of Mrs Nesler

Father's Name Unknown

Mother's Name Unknown

Cause of Death. Primary: Valvular disease of heart — How long sick Several years

Immediate: Heart failure 57 — ~~Accident, Suicide, Homicide~~

Reported by J. M. Spear.

Address Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

Ellen Williamson

Died at — Town: Midland — County: Allegany — MARYLAND

Date 189 — Month: 11 — Day: 30 — Age: Y. 5 M. 6 D. — Native of: Scotland — Occupation: Housewife

~~Male~~ / Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: 11

Husband / Wife of: William Williamson

Father's Name: James Kirk — Mother's Name: Jennie Kirk

Cause of Death — Primary: 256 — How long sick: 2 mo

Immediate: Cancer of Stomach — ~~Accident, Suicide, Homicide~~

Reported by: J. A. Carleton - M. D.

Address: Midland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968